

# **EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA) POLICY AND PROCEDURE MANUAL**

**OPERATED BY  
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)  
CONTRACT BACK PROGRAM**



**CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF COUNTY HEALTH SERVICES  
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SACRAMENTO, CALIFORNIA 95899-7413**

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# **TABLE OF CONTENTS**

## **EMSA POLICIES AND PROCEDURES**

<b><u>SUBJECT</u></b>	<b><u>PAGE</u></b>
Table of Contents .....	1
EMSA Guidelines .....	2
EMSA Chart A .....	3
EMSA Chart B .....	4
Patient Eligibility .....	5
Dates of Service .....	5
Payment Periods .....	5
Reimbursable Services.....	6
Physician Eligibility .....	7
Provider Overpayments.....	7
EMSA Forms and Disk .....	9
Annual Physician Enrollment and Claim Certification Form Instructions .....	10
Medical Services Claim Form Instructions.....	13
Claim Documentation .....	16
Claim Submission Instructions.....	17
Medical Services Claim Form Data File Format .....	19

# EMERGENCY MEDICAL SERVICES APPROPRIATION GUIDELINES

The purpose of Senate Bill (SB) 2132 is to reimburse physicians for uncompensated emergency services.

## EMSA Requirements

The following outlines the RHS EMSA components and requirements:

### A. Fiscal Year

The appropriations are for emergency services rendered in FY 2002-03 and FY 2003-04.

### B. Use of Funds

EMSA monies shall be used for reimbursement of uncompensated emergency services, as defined in Welfare & Institutions Code (W&I Code), Section 16953, for physicians who provide services to patients who cannot afford to pay for those services, and for whom payment will not be made through any private coverage or by any program funded in whole or in part by the federal government. No physician shall be reimbursed more than 50 percent (50%) of losses.

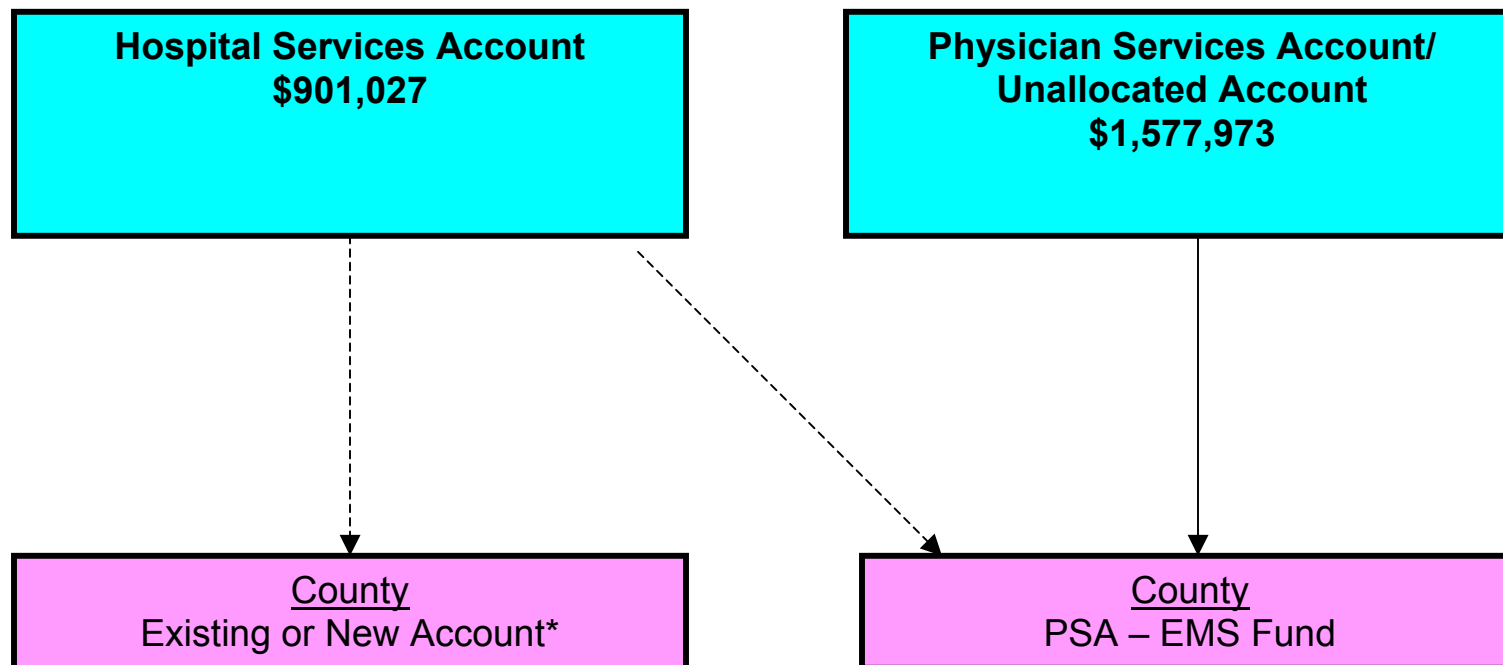
Emergency services means physician services provided in one of the following:

- general acute care hospital, which provides basic or comprehensive emergency services,
- a paramedic receiving station approved by a county prior to January 1, 1990,
- facilities contracting with the National Park Service prior to January 1, 1990, or
- a standby emergency room in a hospital.

EMSA monies shall not be used to reimburse physicians employed by county hospitals or physicians who provide services in a primary care clinic.

# Emergency Medical Services Appropriation

**\$2,479,000 (Funding for RHS Counties)**



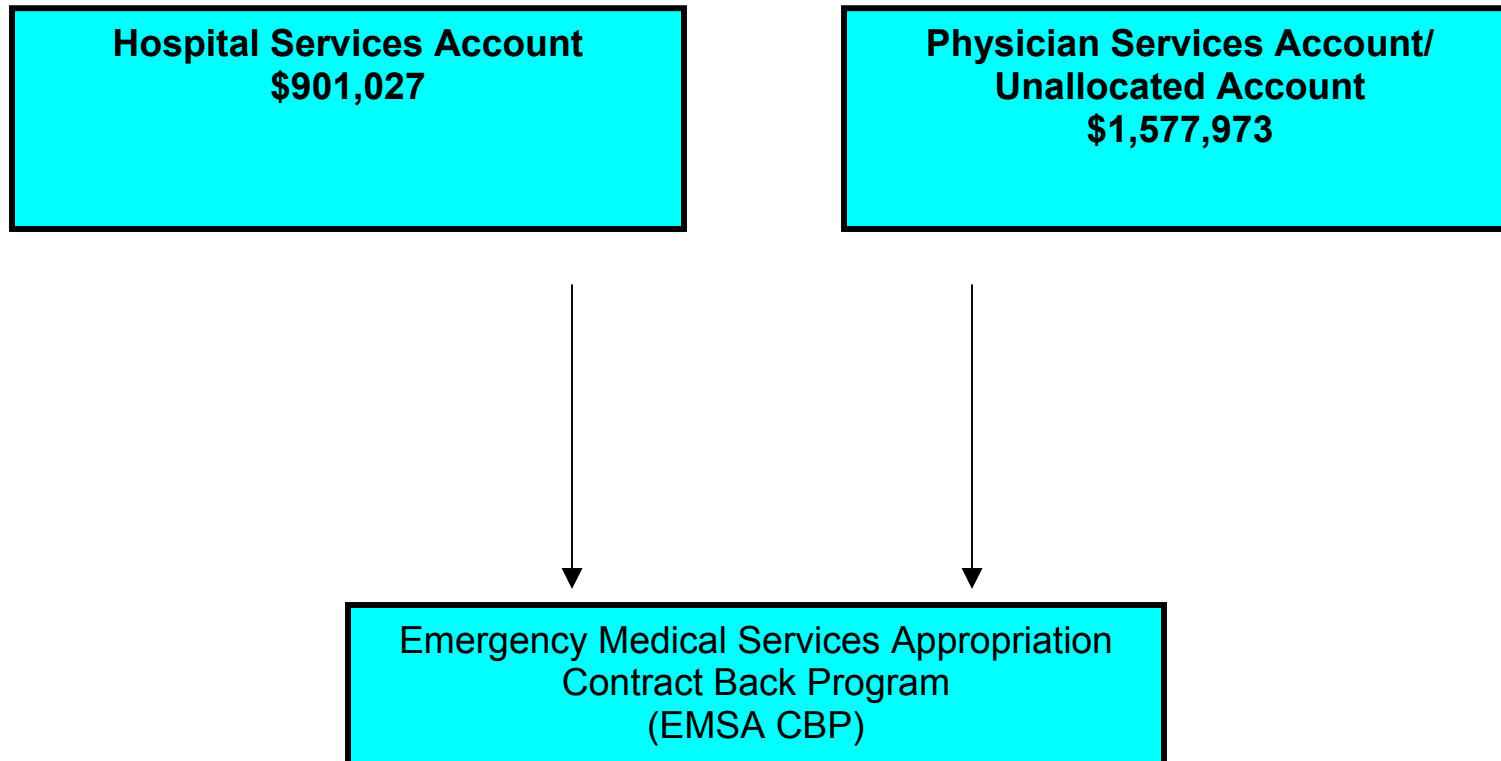
Counties may transfer ----->

Counties are required to transfer —————>

\*Any unexpended funds may be transferred to the County's PSA – EMS Fund

# Emergency Medical Services Appropriation

*\$2,479,000 (Funding for RHS Counties that are EMSA Contract Back Counties)*



DHS transfers monies to the EMSA CBP and administers funds on behalf of the counties. →

## PATIENT ELIGIBILITY

In order for a provider to seek reimbursement for uncompensated services, the patient must meet the following criteria:

- the patient must not be able to afford to pay for any portion of the services,
- the patient has no private health insurance or the patient's insurance will not pay for any portion of the services, and/or
- the patient is not a beneficiary of any program funded in whole or part by the federal government, which will provide **any level** of reimbursement for medical services rendered.

### **Dates of Service (DOS)**

EMSA claims must have a date of service within the fiscal year the county is contracting for administration of their EMSA funds to be considered for payment. These claims may be submitted within any one of the EMSA payment periods.

## PAYMENT PERIODS

A payment period is a monthly period of time during which claims are submitted for reimbursement. Payment periods are not directly associated with dates of service. Claims from any month of service in the eligible fiscal year, can be submitted in any payment period for that fiscal year. Claims received during any given payment period are pooled together to determine the total claims to be used in calculating the percentage of reimbursement.

### **Fiscal Year Payment Periods**

Reimbursable services provided during the eligible fiscal year (for example, July 1, 2002 through June 30, 2003), will be reimbursed during the 21-month payment period. For FY 2002-03, the 21-month payment period would begin October 2002 and end June 2003. The first payment period would be October 2002. This allows for the three-month aging period for claims. Claims with dates of service (DOS) in the eligible fiscal year may be submitted in any one of the 21month payment period identified in the Payment Period Schedule below. All claims with a date of service between DOS from July 1, 2002 through June 30, 2003 would need to be received by EMSA on or before June 30, 2004. All FY 2002-03 claims received after June 30, 2004 will be denied.

#### Payment Period Schedule

**FY 2002-2003 Dates of Service = July 1, 2002 through June 30, 2003**

2002						2003					
FY 2000-01 Eligible Date of Service											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Aging	Aging	Aging	Payment Period for FY 2002-2003								
			1st	2 <sup>nd</sup>	3rd	4th	5th	6th	7th	8th	9th

2003						2004					
Payment Period for FY 2000-01											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
10th	11th	12th	13th	14th	15th	16th	17 <sup>th</sup>	18th	19th	20th	21st

## REIMBURSABLE SERVICES

Medical services, which are eligible for potential reimbursement, are those medically necessary emergency services as defined by statute. For the purposes of EMSA, these terms are explained below.

### Emergency Services

For purposes of this program, “emergency” means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following (W&I Code, Section 16953(b)):

- placing the patient’s health in serious jeopardy,
- serious impairment to bodily functions, and/or
- serious dysfunction to any bodily organ or part.

In order for EMSA to reimburse physicians for emergency medical services, the services must have been provided in (W&I Code, Section 16953(a)):

- a general acute care hospital, which provides basic comprehensive emergency services for emergency medical conditions,
- a site which was approved by a county prior to January 1, 1990, as a paramedic receiving station for the treatment of emergency patients, for emergency medical conditions,
- in FY 1991-92 and each fiscal year thereafter, in a facility which contracted prior to January 1, 1990, with the National Park Service to provide emergency medical services, for emergency medical conditions, or
- a standby emergency room in a hospital specified in Health and Safety Code, Section 124840, for emergency medical conditions.

A physician who is an independent contractor, who is providing emergency medical coverage for a basic or comprehensive general acute hospital emergency department, and who is not compensated for nonpaying patients by the hospital as part of the contractual agreement shall not be disqualified from seeking reimbursement from the Emergency Medical Services Fund (for contracting counties, EMSA funds) for the sole reason that the hospital provides billing and collection services and makes payments to the emergency physician based on a percentage of the physician’s gross billings (W&I Code, Section 16953.1).

Qualified services include all inpatient and outpatient services, which are medically necessary for the treatment of an emergency medical condition **as certified** by the attending physician or other appropriate provider (W&I Code, Section 16953(c)).

**Hospital visits following delivery of medically necessary emergency services will NOT be reimbursed through EMSA unless the physician can document that the patient’s condition continues to meet the criteria for emergency medical care as defined pursuant to W&I Code, Section 16953(b).**

## PHYSICIAN ELIGIBILITY

For a physician to be eligible to submit claims under EMSA, they must be an enrolled Medi-Cal provider, in good standing, and they must have an EMSA Annual Physician Enrollment and Claim Certification form on file.

### EMSA Annual Physician Enrollment and Claim Certification Form

In order for a physician to receive reimbursement under EMSA, they must annually file the Annual Physician Enrollment and Claim Certification form. After completion and submittal of this form and upon EMSA approval, the physician may be reimbursed for claims submitted for that fiscal year. The instructions for completing this form begin on page 10. The purpose of this form is to obtain critical physician information necessary to process warrants and insure compliance with EMSA policies and procedures.

### Medi-Cal Enrollment

If the physician is not currently an enrolled Medi-Cal provider, the physician may not submit claims until **AFTER** the physician becomes an enrolled Medi-Cal provider. Only eligible services provided **AFTER** a physician becomes an enrolled Medi-Cal provider in good standing, are eligible for claims submission and potential reimbursement.

If you are not currently enrolled with Medi-Cal, you will need to request enrollment forms for certification with Medi-Cal before you can participate in EMSA. Once you receive the enrollment package, complete and return it to Medi-Cal as soon as possible. Enrollment forms may be requested by calling (916) 323-1945 or by writing Provider Enrollment at the following address:

California Department of Health Services  
Payment Systems Division  
Provider Enrollment Branch  
P.O. Box 997413, MS 4704  
Sacramento, CA 95899-7413

After enrollment and certification procedures are complete, the physician will be notified in writing of the Medi-Cal Provider Number issued. The Number will consist of the physician's license number and other identifying codes and is to be used on all claims and on the EMSA Annual Physician Enrollment and Claim Certification form.

## PROVIDER OVERPAYMENTS

Due to billing delays, unknown levels of patient coverage, or pending patient benefits under public assistance programs, overpayments might be made to a physician. This is the reason for aging the claims for 90-days or three-months. During this time, the provider or the billing agent must attempt to secure payment from the patient or any third party source. Should an overpayment occur, statutes stipulate specific requirements for provider repayment. If after receiving payment from EMSA, a physician is reimbursed by a patient or responsible third-party, the physician shall do one of the following (W&I Code, Section 16958):

- Notify EMSA, which will reduce the physician's future payment of claims by EMSA. In the event there is not a subsequent submission of claims for

reimbursement within one year, the physician shall reimburse the account in an amount equal to the amount collected from the patient or third-party payer, but not more than the amount of the reimbursement received from EMSA for that patient's care.

**OR**

- Notify EMSA of the payment and reimburse EMSA in an amount equal to the amount collected from the patient or third-party payer, but not more than the amount of the reimbursement received from EMSA for that patient's care.

## **EMSA FORMS AND DISKETTE**

EMSA required forms and claims submission procedures:

1.) [Annual Physician Enrollment and Claim Certification Form](#)

This form is to be completed by the enrolling physician.

Re-certification is must be completed by July 1<sup>st</sup> of every fiscal year in which EMSA funding is available and in which the participating physician's county has contracted back with the state to administer their EMSA funding.

2.) [Payee Data Record Form \(STD 204\)](#)

This form is to be completed and submitted along with the "Annual Physician Enrollment and Claim Certification Form" upon initial enrollment into the EMSA Program. EMSA does not require fiscal re-certification of the "Payee Data Record Form (STD 204)". However, if there is a change in the Payee's billing name, mailing address or Tax ID, then an updated form must be submitted accordingly.

3.) [Medical Services Claim Form](#)

This form is for individual providers with less then 25 monthly claim submissions. However, a group may submit claims using this form, as long as the total number of claims for the GROUP does not exceed 25 claims in a billing month. When submitting any claim to EMSA a HCFA 1500 MUST be attached.

4.) [Electronic Billing Certification Form](#)

This form is to be completed when an individual provider or group has MORE than 25 monthly claim submissions. The Electronic Billing Certification Form must be accompanied by a 3.5" floppy disk containing all claims information. The disk must be correctly formatted according to the "Data File Format" on page 19. All providers having claims submitted in that billing month must have an "Electronic Billing Certification Form" completed. Each "Electronic Billing Certification Form" must have a HCFA1500 attached alphabetically for every patient in which claims are being submitted.

5.) [Notice of Privacy Practices \(both \[English\]\(#\) and \[Spanish\]\(#\) Versions\)](#)

Federal law required all providers and agencies dealing with patient information be compliant with the Health Insurance Portability and Accountability Act (HIPAA). To assist in notifying patients of the "Notice of Privacy Practices" (NPP), the OCHS and HIPAA have developed a method in which HIPAA will mail the "Notice of Privacy Practices". All individuals and groups with **more** than 25 monthly claims are asked to submit a separate 3.5" floppy disk with the names and addresses of all patients in which claims are being submitted to EMSA on an "Electronic Billing Certification Form Disk". However, if the group chooses NOT to submit the HIPAA address disk, then it is that group's responsibility to notify and mail the NPP letter. All individuals and groups with **less** than 25 monthly claims are required to mail the NPP letter to the patients in which they submitted a "Medical Services Claim Form".

# ANNUAL PHYSICIAN ENROLLMENT AND CLAIM CERTIFICATION INSTRUCTIONS

In order to file EMSA claims, the physician must complete an annual enrollment form for each fiscal year in which funding is available and the physician intends to participate in EMSA. This form is the EMSA Annual Physician Enrollment and Claim Certification form. This form, which is submitted to EMSA, must be signed by the physician who is personally providing the services ("attending physician"). In this form, the attending physician has the opportunity to designate the warrant payee, the address the warrant should be mailed to, and authorization for a representative. This form should be completed and submitted by the beginning of each fiscal year, preferably by July 1 or with the first set of claims forwarded to EMSA in that fiscal year.

## General Instructions

Fill in the numbers in the heading, which represent the appropriate fiscal year (i.e., "02" "03" for the fiscal year beginning July 1, 2002 and ending June 30, 2003). Where information must be entered into a box having character delineators (delineated with "I") please restrict the information to the number of character spaces available.

## Attending Physician Information

This information is required of the provider actually attending the medical services.

Item No.	Item Description	Instructions
1	Physician's Last Name	Last name of attending physician.
2	Physician's First Name	First name of attending physician.
3	Zip Code	Zip code of attending physician's mailing address.
4	Mailing Address	Attending physician's mailing address (i.e., 1324 Jones Lane, P.O. Box 2456, etc.).
5	City	City corresponding with attending physician's mailing address.
6	SSN or Federal Tax Number	Number under which the attending physician reports taxable personal income. If the physician is part of a group and does not want the EMSA reimbursement recorded as personal taxable income, the physician can indicate that designation in item 28. Even if the group is responsible, this information on the attending provider must still be supplied.
7	Medi-Cal Provider Number	Attending physician's Medi-Cal provider number supplied by the Provider Enrollment Branch for the Medi-Cal Program within the CDHS.
8	California Medical License Number	Attending physician's medical license number.
9	State	State corresponding with attending physician's mailing address.
10	Physician's Office Phone Number	Attending physician's office phone number.
11	Contact Person	The person EMSA should contact in the attending physician's office, if additional information is needed or if the attending physician needs to be notified of EMSA changes.

### Physician Group Information (if applicable)

If the physician is part of a group and is providing the medical services representing the group, this section should be completed. If there is no group involved, this section may be left blank.

Item No.	Item Description	Instructions
12	Group Name	Name of group the attending physician represents.
13	Zip Code	Zip Code of physician's group mailing address.
14	Mailing Address	Physician's group mailing address (i.e., 1324 Jones Lane, P.O. Box 2456, etc.)
15	City	City corresponding with physician's group mailing address.
16	Federal Tax Number	Federal tax identification number under which the physician's group reports taxable income.
17	Medi-Cal Group Number	Physicians group Medi-Cal provider number supplied by the Provider Enrollment Branch within the CDHS.
18	State	State corresponding with physician's group mailing address.
19	Group Office Phone Number	Physician's group office phone number.
20	Contact Person	The person EMSA should contact in the physician's group office, if additional information is needed or if the physician's group needs to be notified of EMSA changes.

### Individual Physician/Group Billing Service Information

If the attending physician or physician's group uses an intra office employee who handles the billing or a billing service for the generation of EMSA claims and/or the receipt and processing of reimbursement warrants, this section MUST be completed.

Item No.	Item Description	Instructions
21	Name of Individual Physician or Billing Service	Name of individual physician or billing service.
22	Zip Code	Zip code of individual physician or billing services' mailing address.
23	State	State corresponding with individual physician or billing services' mailing address.
24	Mailing Address	Billing services' mailing address (i.e., 1324 Jones Lane, P.O. Box 2456, etc.)
25	City	City corresponding with Individual physician or billing services' mailing address.
26	Individual Physician or Billing Service Office Phone Number	The individual physician or billing services' office phone number.
27	Contact Person	The person EMSA should contact at the individual physician's or billing services' office if additional information is needed, or if the individual physician or billing service needs to be notified of EMSA changes.

## Warrant and Tax Information and Authorization

This information will be used to set up the payee and direct the mailing of the warrant. This section **MUST** be completed.

Item No.	Item Description	Instructions
28	Warrants to	Enter 1 or 3 to indicate the name under which the warrant is to be issued. Warrants cannot be issued in the billing services' name.
29	Mail to	Enter 1, 2 or 3 to indicate where the warrant should be mailed.
30	EMSA Enrollment Number	Leave blank. EMSA staff will assign a physician or physician group number. The number assigned will be used by the physician or the physician's group when submitting medical claims.

In order to authorize these designations, this section must be signed by the attending physician (original signature—no ink stamps or representatives). (Please note that all signatures will be verified utilizing the physician's driver's licenses, medical licenses, and/or Medi-Cal enrollment application via CDHS's Medi-Cal database.)

## Facility Information

Each facility in which medical services are provided must be identified with a unique facility identification number. In order for EMSA to assign these identification numbers, each facility where services are provided must be listed. These facility locations include hospitals, outpatient clinics, and community clinics. Only facilities that are identified for the attending physician will be accepted as eligible locations for the attending physician. If there are more than four locations, please complete a second form and submit the forms together.

Item No.	Item Description	Instructions
31, 35, 39, 43	Facility Name	Name of facility. If it is a doctor's office, indicate Dr. Smith's Office or Dr. Smith's Brown Street Office.
32, 36, 40, 44	Facility's Physical Address	Physical street address of the facility (i.e., not the mailing address).
33, 37, 41, 45	County No.	County number corresponding with the facility's physical street address.
34, 38, 42, 46	EMSA Facility Number	Leave blank. EMSA staff will assign a facility number.

## Attending Physician Certification

This section should be read and must be signed with the attending physician's original signature (no ink stamps or representatives).

## Representative Authorization

If the attending physician is part of a group or is using a billing service, this section must be completed in order to allow a representative to sign claim forms and communicate with EMSA on behalf of the attending physician. If at any time the designated representative changes, a new "Annual Physician Enrollment and Claim Certification Form" will need to be submitted.

## MEDICAL SERVICES CLAIM FORM INSTRUCTIONS

(This form is for submission for under 25 claims per month, for any individual provider or group total.)

In order to apply for reimbursement of uncompensated medical services, the individual physician/physician group/billing service must submit an EMSA Medical Services Claim form (two-sided form), along with a HCFA 1500 form for each patient. This form must be completed according to the instructions below, and must be signed by the attending physician or the authorized representative identified on the [Annual Physician Enrollment and Claim Certification Form](#).

### General Instructions

In the case of any information that must be entered into a box having character delineators (delineated with "I"), please restrict the information to the number of character spaces available.

Item No.	Item Description	Instructions
1	Attending Physician	Attending physician's name (last name, first name).
2	Individual Physician, Group or Hospital Name	If you are an individual physician, indicate your business name (i.e. John A. Smith, M.D., Inc.). If you are a member of a physician's group, indicate the name of the group. <b>If you are a hospital providing billing and collection services and making payments to the emergency physician based on a percentage of the physician's gross billings, indicate the name of your hospital.</b>
3	EMSA Provider Enrollment No.	Unique number assigned by EMSA.

### Patient Information

Item No.	Item Description	Instructions
4	Patient's Last Name	Last name of patient.
5	Patient's First Name	First name of patient.
6	Patient's Social Security Number	Patient's Social Security Number.
7	Patient's Date of Birth	Patient's date of birth (format: MM/DD/YY).
8	Patient's Sex	Male (M) or Female (F).
9	Address	Patient's address.
10	City	City corresponding with patient's address.
11	State	State corresponding with patient's address.
12	Zip Code	Zip code corresponding with patient's address.

Item No.	Item Description	Instructions
13	Number in Household	Number of related (by birth, marriage, or adoption) individuals who usually share the same place of residence, including any active duty members of the military who are temporarily away from home. This number usually includes a head of household who is responsible for payment, and all of this person's dependents. This number would include the patient.
14	Family Gross Monthly Income	Wages and salaries (including commissions, tips, and cash bonuses), net income from business or farm, pensions, dividends, interests, rents, welfare, unemployment, or worker's compensation, alimony, child support, and any money received by all related members of the family residing in the patient's household. Use the applicable single-digit number shown in the Family Gross Monthly Income Table on the form.
15	Family Source of Income	Primary source of family income, where primary means largest single source. Use the applicable single-digit number shown on the Source of Income Table on the form.
16	Type of Employment	Occupation of family primary wage earner. Use the applicable single-digit number shown on the Type of Employment Table on the form.
17	Ethnic Group	Patient's ethnic or racial background as defined by the California Department of Health Services and also the Federal Office of Management and Budget. Use the applicable single-digit number shown in the Ethnicity Table on the form.

### Place of Service Information

Item No.	Item Description	Instructions
18	Name of Facility	Name of the hospital, clinic, or doctor's office where the medical services were performed (i.e., Redding Hospital, Dr. Smith's Office, Rural Coast Clinic, etc.).
19	Facility Number	Unique number assigned by EMSA.
20	City	City where facility is located.
21	Zip Code	Zip code for the location of the facility.
22	County Number	Standard two-digit county number.
23	Service Setting	Use the applicable single-digit number shown in the Service Setting Table on the form.
24	Document Control No.	Leave blank. For EMSA staff use only.

## Treatment Services Information

Item No.	Item Description	Instructions
25	EMSA Category of Service	Complete this section using the applicable single-digit code as shown to the right of this item.
26	Diagnosis Code	The principal diagnosis is the condition, which has been established to be the chief cause of the admission for care. Use the five-digit ICD 9 CM code.
27	Date of Service	Actual date services were provided.

## Treatment Services

Complete each line of information for services provided.

Item No.	Item Description	Instructions
32, 38, 44, 50	Procedure Description	Narrative of procedure performed.
33, 39, 45, 51	Date of Service	Actual date procedure performed.
34, 40, 46, 52	Emergency Service (Y/N)	Indicate whether the service performed meets the definition of emergency services as delineated on page 7 of this manual.
35, 41, 47, 53	Procedure Code	Use the appropriate five-digit procedure code for this treatment and the two-digit modifier code for this procedure. The procedure code and modifier code should be separated with a "/" (i.e., 23456/02).
36, 42, 48, 54	Quantity	Indicate the quantity of each procedure administered to this patient on this date of service.
37, 43, 49, 55	Charges	Indicate the usual and customary charges associated with this specific procedure.
56	Total Claim Amount	Total all of the individual procedure charges.

**(NOTE: If more than four procedures were performed, please complete a second Medical Services Claim form and submit the forms together.)**

## Affidavit of Physician or Physician's Representative

This section must be read, signed, and dated by the attending physician or the physician's authorized representative whom the physician has designated to do billing on their behalf.

**NOTE: If at any time the authorized representative appointed by the enrolled individual physician and/or physician group changes, a new "Annual Physician Enrollment and Claim Certification Form" must be completed and submitted. EMSA will not process claims or release information to any person other than the authorized representative or the enrolled physician.**

## **CLAIM DOCUMENTATION**

### **Supporting Documentation**

Claims that are not supported by records may be denied by CDHS, and any reimbursement paid to any physician, which is not supported by records, shall be repaid to CDHS and shall be a claim against the physician. Any physician who submits any claim for reimbursement which is inaccurate or which is not supported by records may be excluded from reimbursement of future claims under this program. (W&I Code, Sections 16956(c) and (d))

### **Retention of Information**

Any physician who submits any claims in accordance with this program shall keep and maintain records of the services rendered, the person to whom services were rendered, and any additional information EMSA may require, for a period of three years after the services were provided. (W&I Code, Section 16957)

### **Case Review**

Case reviews will be performed by EMSA to:

- verify the accuracy of claim information submitted,
- verify that no payments of any kind or amount have been paid on behalf of the patient toward the physician services submitted for reimbursement, and
- verify that the physician/physician group/billing service made reasonable efforts over a three-month period to collect payment for the services or that the physician/physician group/billing service has on file written notification that no amount of payment would be made.

Any claim, which does not meet EMSA and statutory requirements, shall be deemed an audit exception and the individual physician/physician group will be invoiced for the exceptions. In the case of an individual physician/physician group, which submits large numbers of claims, the exception will be applied to all claims submitted by the individual physician/physician group.

### **Appeal Process**

Should the physician's claim be denied, the physician may appeal the decision in writing to the following:

First Level Appeal

EMSA Program Coordinator

Second Level Appeal

EMSA Unit Chief, Office of County Health Services

All appeals should cite the specific reasons, and refer to the EMSA Policies and Procedures Manual for identification of the policy that appeal is related to. Appeals are to be mailed to the address used for submission of claims.

All appeals will be responded to within 30-days of receipt of the appeal.

## **CLAIM SUBMISSION**

### **Submission**

In order to file a claim for un-reimbursed services, the individual physician/physician group/billing service must complete the Medical Services Claim form or the Electronic Billing Certification form and disk. Both forms must be completed according to the instructions in this manual, and require a HCFA 1500 for every claim submission.

### **Claim Submission (under 25 claims per month)**

The individual physician/physician group/billing service billing under 25 claims per calendar month should submit claims using the Medical Services Claim form and must have a HCFA 1500 attached.

### **Volume Claim Submission (over 25 per month)**

If the individual physician/physician group/billing service is submitting more than 25 claim forms in a given calendar month, EMSA requests that the following additional procedures be followed to insure quick and accurate processing of claims.

- Claims must be physically sorted according to attending physician last name AND by patient last name within each attending physician group. Claims not submitted accordingly, will be returned to the individual physician/physician group/billing service for correction and resubmission. However, if corrected claims are not received in this office before the fiscal year cut off, EMSA will deny the claims and payment reimbursement will not be made.
- The individual physician/physician group/billing service submitting more than 25 claims must submit claims on a 3.5" diskette with the claim information keyed into a database program, which can be imported into the EMSA system for processing. In addition to the 3.5" floppy disk an Electronic Billing Certification form and HCFA 1500 must be submitted for each claim.

### **EMSA Database System Requirements**

Please see document, EMSA Contract Back Program/Medical Services Claim Form Data File Format (page 19). This document identifies the starting point and maximum size for each field within your data file. The file is to be a standard, fixed field ASCII data file, submitted on a 3.5" floppy disk. However, if such a program is not available, a standard Excel spreadsheet can be used in its place. (Excel template is available upon request, by calling (916) 552-8034.)

## **Address**

Completed claims (and claim data disk, if applicable) should be submitted to:

**California Department of Health Services  
Office of County Health Services  
EMSA Contract Back Program  
1501 Capitol Avenue, Suite 71-5195  
P.O. Box 997413, MS 5203  
Sacramento, CA 95899-7413  
Attn: Marlene Carrillo**

## **BILLING INQUIRIES**

Billing inquiries may be made in writing (using above address) or by telephoning EMSA at (916) 552-8034, Monday through Friday, 8:00 a.m. to 4:00 p.m.

## **COUNTY LIST**

County Number	County Name
2	Alpine
4	Butte
5	Calaveras
8	Del Norte
11	Glenn
12	Humboldt
13	Imperial
14	Inyo
16	Kings
17	Lake
18	Lassen

County Number	County Name
20	Madera
22	Mariposa
25	Modoc
28	Napa
32	Plumas
35	San Benito
45	Shasta
46	Sierra
52	Tehama
55	Tuolumne
58	Yuba

**EMSA CONTRACT BACK PROGRAM**  
**MEDICAL SERVICES CLAIM FORM DATA FILE FORMAT**

<b>Data Field Title (CAPITOL LETTERS)</b>	<b>Starting Location</b>	<b>Maximum Size</b>
<b>PROV #</b> = (3-4 Digit EMSA Enrollment number)	1	5
<b>MD NAME</b> = (Physician's last name, first name)	6	50
<b>GROUP NAME</b> = (Individual or Group name)	56	30
<b>DHS VENDOR</b> = (EMSA Provider Enrollment Number)	86	15
<b>LAST NAME</b> = Patient)	101	50
<b>FIRST NAME</b> = (Patient)	151	50
<b>PT ID</b> = (Patient Social Security Number)	201	15
<b>DOB</b> = (Patient Date of Birth)	216	15
<b>SEX</b> = (M/F)	231	5
<b>ADDRESS</b> = (Patients Address)	236	50
<b>CITY</b> = (Patients City)	286	50
<b>STATE</b> = (Patients State)	336	5
<b>ZIP</b> = (Patient Zip Code)	341	15
<b>FACILITY NAME</b> = (Hospital Name)	356	50
<b>FACILITY NUMBER</b> = (Facility Number Issued by EMSA)	406	15
<b>FACILITY CITY</b> = (Facility City)	421	50
<b>FACILITY ZIP</b> = (Facility Zip Code)	471	15
<b>CO #</b> = (County Number)	486	5
<b>SETTING</b> = (Service Setting)	491	5
<b>COS</b> = (Category of Service)	496	5
<b>DIAGNOSIS</b> = (Diagnosis Code)	511	15
<b>DOS</b> = (Date of Service)	526	15
<b>1PROCEDURE</b> = (First Procedure Code)	531	15
<b>1DOS</b> = (Date of Service for first procedure)	546	15
<b>1ER</b> = (Emergency Service (Y/N))	551	5
<b>1QUANTITY</b> = (Quantity)	556	5
<b>1CHARGES</b> = (Charges)	571	15
<b>2PROCEDURE</b> = (Second Procedure Code)	586	15
<b>2DOS</b> = (Date of Service for second procedure)	601	15
<b>2ER</b> = (Emergency Service (Y/N))	616	5
<b>2QUANTITY</b> = (Quantity)	621	5
<b>2CHARGES</b> = (Charges)	626	15
<b>3PROCEDURE</b> = (Third Procedure Code)	641	15
<b>3DOS</b> = (Date of Service for third procedure)	656	15
<b>3ER</b> = (Emergency Service (Y/N))	671	5
<b>3QUANTITY</b> = (Quantity)	676	5
<b>3CHARGES</b> = (Charges)	681	15
<b>4PROCEDURE</b> = (Fourth Procedure Code)	696	15
<b>4DOS</b> = (Date of Service for fourth procedure)	711	15
<b>4ER</b> = (Emergency Service (Y/N))	716	5
<b>4QUANTITY</b> = (Quantity)	721	5
<b>4CHARGES</b> = (Charges)	726	15
<b>TOTAL CHARGES</b> = (Total Claim Amount)	741	25
ASCII Character #13 (line feed)	766	1
<b>TOTAL SIZE OF RECORD (DATA ONLY)</b>	767	
<b>TOTAL SIZE OF RECORD WITH ASCII CHARACTER</b>	766	